

14 JAN 31 PM 4:54

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Chris Coons for Delaware

ADDRESS (number and street) PO Box 9900

☐ Check if different than previously reported. (ACC)

Newark

DE

19714

2. FEC IDENTIFICATION NUMBER ▼

C C00475392

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

DE 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☒ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
  
☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 07/01/2013

through

MM/DD/YYYY 09/30/2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Judith Zamore

Signature of Treasurer

*Judith Zamore*

Date

MM/DD/YYYY 01/31/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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Only

**FEC FORM 3**  
(Revised 02/2003)